

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

CASE MANAGEMENT SERVICES

A. Target Group: Non-institutionalized individuals with mental retardation and related disabilities.

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Refer to page 7a of the Limitation Supplement to Attachment 3.1-A.

E. Qualification of Providers:

Refer to page 8 of the Limitation Supplement to Attachment 3.1-A.

TN No. MA 91-09

Supersedes

TN No. MA 88-01

Approval Date 12-9-91

Effective Date 10/01/91

HCFA ID: 1040P/0016P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

CASE MANAGEMENT SERVICES

A. Target Group: Severely Emotionally Disturbed Children.

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Refer to Page 8a of the Limitation Supplement to Attachment 3.1-A.

E. Qualification of Providers:

Refer to Page 8a and 8b of the Limitation Supplement to Attachment 3.1-A.

TM No. MA 89-06

Supersedes

TM No. N/A

Approval Date 8/07/89

Effective Date 4/01/89

HCFA ID: 1040P/0016P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

CASE MANAGEMENT SERVICES

A. Target Group: Chronically Mentally Ill Adults

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Refer to page 8c of the Limitation Supplement to Attachment 3.1-A.

E. Qualification of Providers:

Refer to pages 8c and 8d of the Limitation Supplement to Attachment 3.1-A.

TN No. 89-16  
Supersedes  
TN No. \_\_\_\_\_

Approval Date 2/13/90

Effective Date 7/1/89

HCFA ID: 1040P/0016P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

CASE MANAGEMENT SERVICES

A. Target Group: Seriously Emotionally Disturbed Children

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Refer to page 8e of the Limitation Supplement to Attachment 3.1-A.

E. Qualification of Providers:

Refer to page 8f of the Limitation Supplement to Attachment 3.1-A.

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Supersedes  
TN No. New

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Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

SUPPLEMENT 1 TO ATTACHMENT 3.1-A  
Page 1 (d)  
OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

CASE MANAGEMENT SERVICES

A. Target Group: At-Risk Pregnant Women

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Refer to page 8g of the Limitation Supplement to Attachment 3.1-A.

E. Qualification of Providers:

Refer to page 8h of the Limitation Supplement to Attachment 3.1-A.

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Supersedes  
TN No. MA 92-03

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Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

SUPPLEMENT 1 TO ATTACHMENT 3.1-A  
Page 1 (e)  
OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

CASE MANAGEMENT SERVICES

A. Target Group: Alcohol and Drug Abusers

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Refer to page 8i of the Limitation Supplement to Attachment 3.1-A.

E. Qualification of Providers:

Refer to page 8j of the Limitation Supplement to Attachment 3.1-A.

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SUPPLEMENT 1 TO ATTACHMENT 3.1-A  
Page 1 (f)  
OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

CASE MANAGEMENT SERVICES

A. Target Group: Persons with Sickle Cell Disease

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Refer to pages 8k and 8l of the Limitation Supplement to Attachment 3.1-A.

E. Qualification of Providers:

Refer to page 8l of the Limitation Supplement to Attachment 3.1-A.

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SUPPLEMENT 1 TO ATTACHMENT 3.1-A  
Page 1(g)  
OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

CASE MANAGEMENT SERVICES

A. Target Group: Physically Handicapped Children

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Refer to pages 8m and 8n of the Limitation Supplement to Attachment 3.1-A.

E. Qualification of Providers:

Refer to page 8n of the Limitation Supplement to Attachment 3.1-A.

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SUPPLEMENT 1 TO ATTACHMENT 3.1-A  
Page 1 (h)  
OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

CASE MANAGEMENT SERVICES

A. Target Group: Children 0 - 21 in foster care

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Refer to page 8p of the Limitation Supplement to Attachment 3.1-A.

E. Qualification of Providers:

Refer to pages 8p, 8q and 8r of the Limitation Supplement to Attachment 3.1-A.

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Supersedes

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HCFA ID: 1040P/0016P

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SUPPLEMENT 1 TO ATTACHMENT 3.1-A  
Page 1 (i)  
OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

CASE MANAGEMENT SERVICES

A. Target Group: Individuals with head and spinal cord injuries and related disabilities

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Refer to page 8s of the Limitation Supplement to Attachment 3.1-A.

E. Qualification of Providers:

Refer to page 8s of the Limitation Supplement to Attachment 3.1-A.

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